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| Case Number: | CM13-0027004 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 01/18/2009 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 09/30/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female with a reported date of injury on January 18, 2009. The mechanism of injury reportedly occurred when the worker was performing her duties as a professional care attendant. The injured worker complains of sharp, stabbing and burning pain in her left shoulder. The injured worker rated her pain as 6/10. Upon physical examination the right shoulder showed well healed arthroscopic portals. The left shoulder revealed tenderness over the subacromial bursal space and shoulder girdle, positive Neer's and Hawkin's impingement signs. In addition, the left shoulder revealed positive drop arm testing and positive empty can testing with forward flexion and abduction to 155 degrees. The EMG (electromyogram) / NCV (nerve conduction velocity) studies on February 9, 2012 were noted to be normal in the upper extremities. An MRI of the left shoulder dated June 27, 2012 revealed a rotator cuff tear. Within the clinical documentation, the physician noted that the injured worker failed an extensive course of conservative treatment including rest, ice, heat, activity modification, anti-inflammatories, pain medications, self-directed stretching and strengthening exercises, therapy and Kenalog injections. The injured worker's diagnoses included a left shoulder rotator cuff tear and hypertension. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for medical clearance qty: 1.00 and for antibiotics (perioperative) Levaquin 750 mg daily x7 days #120 was submitted on September 18, 2013. The rationale for the request was not provided within the clinical information provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines Plus, Web-Based Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Office Visits.

Decision rationale: The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. The evaluation and management of outpatient visits to the offices of medical doctors plays a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review with the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The rationale for the request is not provided within the documentation available for review. There is a lack of documentation within the clinical information available, related to concerns of physical health and preoperative condition. The MRI of the left shoulder revealed a rotator cuff tear and impingement. In addition, in the clinical note dated August 19, 2013, the physical exam revealed left shoulder tenderness, positive Neer's and Hawkins' impingement sign, positive, drop arm testing and positive empty can testing. There was a lack of documentation related to the injured worker's medical instability. The request for medical clearance is not medically necessary or appropriate.

ANTIBIOTICS (PERI-OPERATIVE) (LEVAQUIN 750 MG, TWENTY COUNT):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine Guidelines Plus, Web-Based Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases, Levaquin.

Decision rationale: According to the Official Disability Guidelines Levaquin is recommended as a first line treatment for osteomyelitis, chronic bronchitis and pneumonia. The clinical documentation provided for review lacks documentation of a concern for osteomyelitis, respiratory infections or pneumonia preoperatively or postoperatively. There is a lack of objective clinical findings related to the need for antibiotics preoperatively. There is a lack of documentation related to the concern for medical stability preoperatively. The request for antibiotics (peri-operative) (levaquin 750 mg, twenty count) is not medically necessary or appropriate.